Section XII: 510(k) Summary of Safety and Effectiveness

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SAFE MEDICAL DEVICES ACT OF 1990

510(k) Summary

NAME OF FIRM:

I.T.S. Implantat-Technologie-Systeme GmbH.

Autai 28.

Lassnitzhoehe A – 8301

AUSTRIA

510(k) FIRM CONTACT:

Al Lippincott

Engineering Consulting Services, Inc.

3150 E. 200th St.

Prior Lake, MN 55372

TRADE NAME:

Epiphysis Screw

COMMON NAME:

Cannulated Bone Screw

CLASSIFICATION:

Smooth or threaded metallic bone fixation fastener

(see 21 CRF, Sec. 888.3040).

DEVICE PRODUCT CODE: HWC

SUBSTANTIALLY

EQUIVALENT DEVICES:

Synthes 6.5mm Cannulated Screw (K021932)

Howmedica Osteonics ASNIS III Cannulated Screw (K000080)

Orthomet/Wright Medical Cannulated Screw (K862157)
Ace/Depuy Cannulated Self Tapping Cancellous Bone Screw

(K903810)

Zimmer MAGNA-Fx Cannulated Screw Fixation system Richards/Smith Nephew Universal Cannulated Screw

DePuyAce ACE SCFE Screw

DEVICE DESCRIPTION:

The I.T.S. Epiphysis Screw is a self-tapping and self-drilling screw with a cancellous thread that can be guided into a position via a guidewire pin. Screws are available partially threaded in lengths from 50mm to 120mm in 5mm increments. A full complement of instrumentation is available to assist in placement. The screws are manufactured from 6-4 ELI Titanium alloy with a Tiodize, Type II

surface.

INTENDED USE:

The I.T.S. Epiphysis Screw is used to stabilize a slipped capital femoral epiphysis and fracture fixation in the pelvis of large bones and large bone fragments. The system is not intended for spinal

use.

DEPARTMENT OF HEALTH & HUMAN SERVICES



FFB 2 4 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

I.T.S. Implant-Technologie-SystemeGMBH Al Lippincott Engineering Consulting Services, Inc. 3150 E. 200th Street Prior Lake, Minnesota 55372

Re: K043410

Trade/Device Name: Epiphysis Screw Regulation Number: 21 CFR 888.3040

Regulation Name: Smooth or threaded metallic bone fixation fastener

Regulatory Class: II Product Code: HWC

Dated: December 10, 2004 Received: December 10, 2004

Dear Mr. Al Lippincott:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure



I.T.S. Implant-Technology-Systems GmbH

Geschäftsführende Gesellschafterin: Dr. Eva Ruprechter

Tel ++43 (0)316 211 21 0 Fax ++43 (0)316 211 21 20 office@its-implant.com

Indications for Use

510(k) NUMBER: K043410	
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DEVICE NAME: EPIPHYSIS SCREW

INDICATIONS FOR USE:

The I.T.S. Epiphysis Screw is a titanium implant fracture fixation screw system for a slipped femoral capital epiphysis and alternative cancellous bone screw fixation where accurate screw placement is required such as in the pelvis, ankle, knee, etc..

Indications for Use include fracture fixation of large bone fragments, such as femoral neck fractures; slipped capital femoral epiphysis; tibial plateau fractures; pediatric femoral neck fractures; intercondylar femur fractures; and subtalar arthrodeses.

The system is not intended for spinal use.

	Prescription UseX	AND/OR	Over-The-Counter-Use		
	(Per 21 CFR 801.Subpart D)		(21 CFR 801 Subpart C)		
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF					
(Division Sign-Off)					
Division of Conoral Research Research of CDRH, Office of Device Evaluation (ODE)					
and Neurological Devices					

K043410